

ÆSTHESIOGENIC VIBRATIONS.—M. Romain Vigouroux recalls, in *Le Progrès Médical*, Sept. 5th, some experiments performed by him, in which the hypothesis of Schiff, that molecular vibrations, transmitted by contiguity, produced a concussion or shock to the nerves, and that the æsthesiogenic effects of various metals applied to the skin were due to such vibrations, differing in rhythm and amplitude according to the substance employed, was suggested and anticipated. His first experiments were made in 1878, in which he employed a tuning-fork *u t 3*, introducing the hand of the patient into the sounding-box of the instrument. These experiments were noticed at the time in the *Progrès Médical* of that year, page 747, and the conclusion was deduced "that the vibrations of a tuning-fork have precisely the same physiological action as metals, magnets, and electricity."

Now, reviewing the subject and establishing his own priority in the experimental investigation, M. Vigouroux concludes that this theory of vibrations affords a means of comparison, but not an explanation of the phenomena of metallotherapy. He still holds to this opinion even after reading the memoirs of Schiff and Maggiorani.

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NERVE-STRETCHING IN ATAXIA.—Two cases are now on record, one by Langenbuch, the other by Esmarch, in which nerve-stretching was resorted to as a remedy against the intense pains of locomotor ataxia. In both, the success was complete, not merely as far as the pain was concerned, but as a matter of great astonishment, the well-developed disease itself—locomotor ataxia—was cured.

Encouraged by these unexpected observations, Dr. Erlenmeyer attempted nerve-stretching in a case of tabes of two years' standing. (*Centralblatt f. Nervenheilk'de*, Nov., 1880.) The patient, a man of 39 years of age, had the disease in a well-developed form, especially the atactic symptoms, though but little pain at the time. He had previously had a hard chancre, but no secondary symptoms. Specific treatment had been employed without result. At two successive operations the sciatic nerves were exposed and violently stretched, and the wounds dressed antiseptically. Nevertheless, the wound of the left thigh was infected by the fæces; erysipelas set in, and it required over four weeks before the wound was healed. The success of the operation was almost wholly negative. The only improvement gained was an increase in the strength of the legs. But none of the atactic symptoms were

lessened. Dr. Erlenmeyer believes that the failure is probably due to insufficient stretching of the nerves.

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ABSINTHISM.—M. Lancereaux, in a recent communication to the Paris Academy of Medicine, Sept. 7th (reported in *La France Médicale*), in which he states the conclusion derived from his investigations that in the syndrome of acute absinthism we do not have the genuine epileptic attack, but rather the convulsive phenomena of hysteria, and that this resemblance between hysteria and absinthism exists not only for the acute form of the latter, but also for its chronic form.

M. Dujardin-Beaumetz referred to his own experiments on pigs (see last number of this JOURNAL), to some of which he had also administered absinthe. In these latter he had developed symptoms of excitement, but nothing like epilepsy.

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DUBOISIA IN EXOPHTHALMIC GOITRE.—M. Dujardin-Beaumetz has substituted duboisia in hypodermic injection for atropia, in the treatment of exophthalmic goitre. In the two cases in which he has employed it he obtained a great decrease in the palpitations and the vascular pulse. He noticed, moreover, a ready cumulative action of the drug, although he used quite small doses, from a quarter to a half a milligram, or more. A few days sufficed to develop indubitable signs of intoxication analogous to that produced by belladonna. The solution employed was as follows: neutral sulphate of duboisia, .01; distilled cherry laurel water, 20. Each charge of the syringe, containing one cubic centimetre, contained half a milligram of the duboisia salt.

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DIRECT CAUTERIZATION OF A NERVE FOR NEURALGIA.—Dr. Augustus Brown reports to the *British Med. Journal*, Nov. 6th, a case of very severe neuralgia of many years' standing, relieved at once by a rather novel operation. The pain was paroxysmal and was located in the mental nerve on the right side just at the point of its exit from the foramen; from there it extended backward to the front of the ear; then upward to the vertex, forward to the frontal nerve, down the right side of the face and neck to the arm, and backward to the scapula. The gum above the painful point was congested and harder than on the opposite side; the tongue was white and tremulous. All the teeth were gone (the patient